

Superior Court of Cobb County Mental Health Court

PARTICIPANT REQUEST FOR CHANGE OF EMPLOYMENT

ticipant:		Date:	
Present Employer:			
	(Addre	ss)	
(City)		(County)	(Zip)
(Contact Person)			(Phone)
New Employer:			
	(Addre	ss)	
(City)		(County)	(Zip)
(Contact Person)			(Phone)
Job Description/Duties:			
Reason for Change:			
Effective Date of Change: Offers Ins. [] yes [] no		New Salary:	
Participant Signature:		Hours worked/w	'k
(Te	o Be Completed	By the Judge)	
Approved: Yes		-	
Judge Mary F. Staley		Date	